

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10088944
APPLICANT(S)

FILING DATE

| CLAIMS | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | | 0 | | | | |
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